

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

12576

1. PLACE OF DEATH

County Jarvis  
Township Jefferson  
City Belle Me No. \_\_\_\_\_

Registration District No. 541  
Primary Registration District No. 4321

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Belle Me Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred about 8 mos. — ds. How long in U. S., if of foreign birth? 69 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mangy E. Goplicker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1876

7. AGE YEARS 90 MONTHS 11 DAYS 12 If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Mo.

13. NAME Peter Skorby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Mo.

15. MAIDEN NAME Anna Jurgensen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Mo.

17. INFORMANT (ADDRESS) Buel Skorby

18. BURIAL, CREMATION, OR REMOVAL PLACE High Sepulchre DATE 3-18-37

19. UNDERTAKER (ADDRESS) B. G. Goplicker

20. FILED July 2 1937 Mrs. Lenora Phelan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 - 1937, to Mar. 16 - 1937. I last saw him alive on Mar. 16 - 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis.

Other contributory causes of importance: 131

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

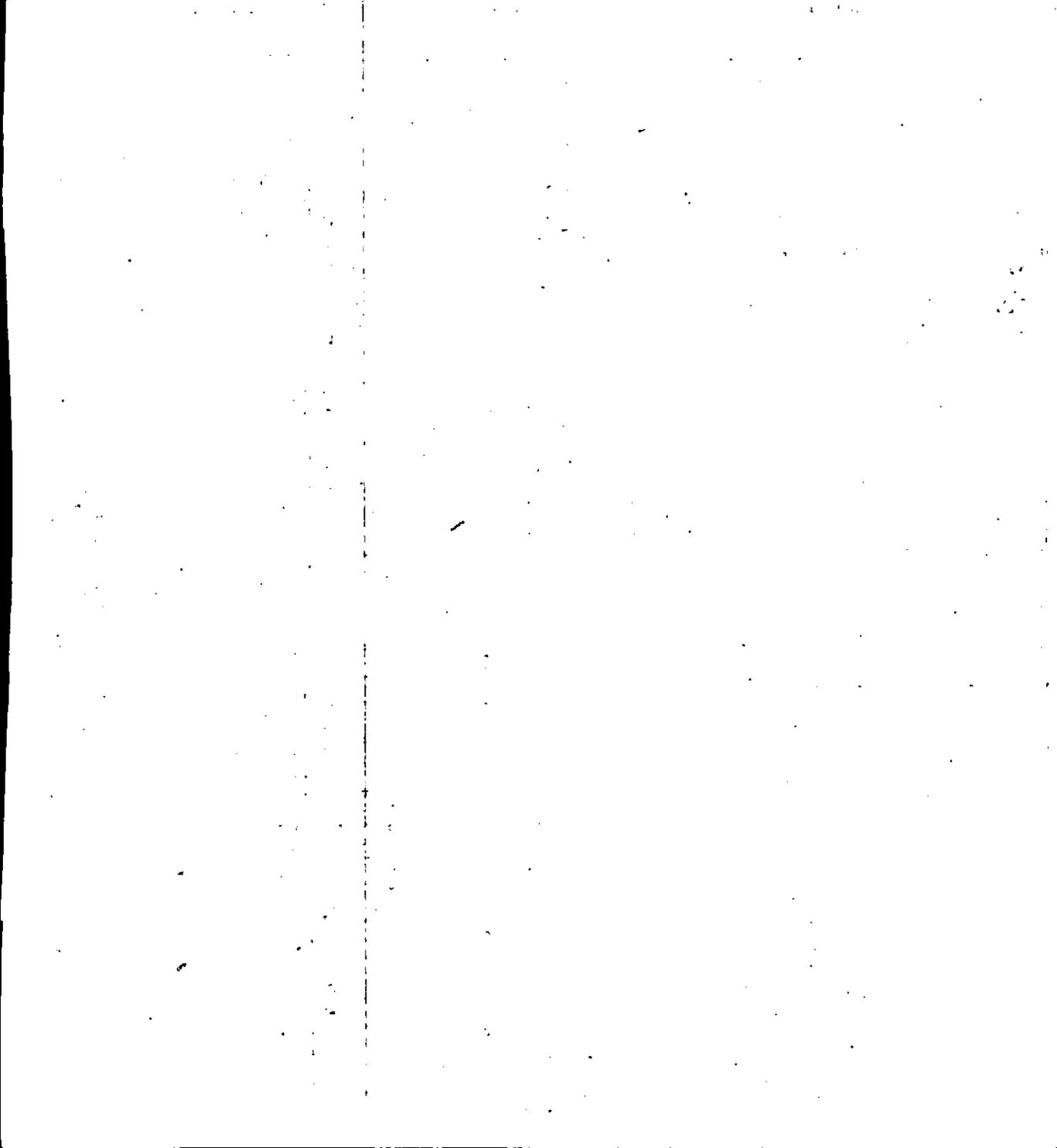
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) J. R. Foyell M. D. (Address) Belle Me

Date of onset Unknown



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Marion Registration District No. 341 File No. 12576  
Township \_\_\_\_\_ Primary Registration District No. 4371 Registered No. \_\_\_\_\_  
City Belle (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Asmus Peterson Skonby  
(a) Residence, No. Belle no St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Nancy E. Ricklider  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1846  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90 11 17  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wenmar Denmark  
13. NAME Peter Skonby  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wenmar Denmark  
15. MAIDEN NAME Mrs. Bergeman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Belle Skonby  
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3-18-37  
19. UNDERTAKER (ADDRESS) S. P. Ricklider Belle  
20. FILED July 2, 1937 Mrs. Lewis Johnson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1937  
22. I HEREBY CERTIFY, That I attended deceased from Mar 15 to Mar 16, 1937  
I last saw him alive on Mar 16, 1937. Death is said to have occurred on the date stated above, at 2:20 P. M.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset \_\_\_\_\_  
Other contributory causes of importance: Senility

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. R. Jewell, M. D.  
(Address) Belle Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-12576